

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO.	FILING DATE					
							10/589574						
							APPLICANT(S)						
CLAIMS													
	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT			AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/						51						
2	/						52						
3	2						53						
4	2						54						
5	2						55						
6	1						56						
7	2						57						
8	2						58						
9	2						59						
10	2						60						
11	2						61						
12	2						62						
13	2						63						
14	2						64						
15	2						65						
16	2						66						
17	2						67						
18	2						68						
19	2						69						
20	/						70						
21	1						71						
22	2						72						
23	/						73						
24	1						74						
25	2						75						
26	1						76						
27	2						77						
28	2						78						
29	2						79						
30	2						80						
31	2						81						
32	2						82						
33	2						83						
34							84						
35							85						
36							86						
37							87						
38							88						
39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	3												
TOTAL DEP.	33	◀		◀		◀							
TOTAL CLAIMS	36												